

APPLICATION FOR THE
2010
GLOBAL UNDERGRADUATE EXCHANGE
PROGRAM
(GLOBAL UGRAD)

APPLICATION DEADLINE:

OCTOBER 30, 2009 (before 11 am)

Please submit your applications and
supporting documentation to the
U.S. Embassy, Public Affairs Section (Exchanges)
Building 783, Ave. Demetrio B. Lakas, Clayton



A program of the
Bureau of Educational and Cultural Affairs

U.S. Department of State



Global Undergraduate Exchange Program (Global UGRAD) 2010 Application Form

A program of the Bureau of Educational and Cultural Affairs, U.S. Department of State

Please provide all answers in English. Please use a paper/binder clip to hold application materials together. Do not staple.

NAME

Please print your name clearly **exactly** as it appears on your passport or **CEDULA**.

Last First Middle

Please indicate any other spelling(s) or name(s) you use:

Please affix two photocopies of a Passport-size (2 x 2 inches) photograph here. Please use photocopies not original pictures.

HOME COUNTRY CONTACT INFORMATION

Permanent mailing address in your home country:

Street: _____

Mailing: (if different, e.g. PO Box) _____

City: _____

Country: _____

Home telephone: _____ Mobile telephone: _____

Fax number: _____ E-mail address: _____

If your street address (e.g. 200 meters from...) is different from your mailing address (e.g. PO Box), please provide both.

PERSONAL DATA AND PASSPORT MATERIALS

Sex: ☐ Male ☐ Female Date of Birth: _____ Place: _____
Month/Day/Year City Country

Country of permanent legal residence: _____ Country of citizenship: _____

Please provide a clear photocopy of the photo/data info page of your current Passport (if you have one; if not, DO NOT obtain one).

EMERGENCY CONTACT INFORMATION

Please provide the names and contact information of individuals who should be notified in case of an emergency.

In the United States: _____
Name Relationship to you Street Address

City State ZIP Code Telephone Number E-mail address

In your home country: _____
Name Relationship to you Street Address

City State and/or Country Telephone Number E-mail address



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NAME (Please print your name here): _____

FIELD OF STUDY

Academic Major: _____

Other Fields of Academic Interests: _____

If selected to participate in the Global UGRAD Program, what courses would you like to take in your major field of study?

What courses would you like to take outside your major field of study?

If you are currently enrolled as a university student, name your university: _____

How many full academic years of university study you have completed (please check one below):

☐ 1 year ☐ 2 years ☐ 3 years ☐ Other _____

(Indique de cuantos años de material es su carrera, sin tomar en cuenta trabajo de graduación)

(Al regresar de los EE.UU., el candidato deberá tener como mínimo un semestre de materias de su carrera pendiente por terminar)

Your academic calendar (e.g. March 2009 – December 2009, August 2009 – May 2010)? _____

Preference: One semester (5 months) _____ One academic year (10 months) _____

Students who will require 6 months of intensive English language training are only eligible for the one-semester program.

REFERENCES/RECOMMENDATION LETTERS

Please identify the three (3) individuals who will be writing letters of recommendation on your behalf. At least one should be from your current institution. Make sure these are people who know your academic and personal qualities well.

1. Name: _____ Title: _____

Mailing address: _____

(Si no tiene dirección postal, indicar lugar de trabajo y provincia)

Telephone number: _____ E-mail address: _____

2. Name: _____ Title: _____

Mailing address: _____

Telephone number: _____ E-mail address: _____

3. Name: _____ Title: _____

Mailing address: _____

Telephone number: _____ E-mail address: _____



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NAME (Please print your name here): _____

PREVIOUS ACADEMIC SCHOLARSHIPS

Please indicate any scholarships, academic awards or honors that you have received and the year received:

EDUCATIONAL BACKGROUND

Please provide complete information about all the educational institutions that you have attended and, if applicable, information about the institution(s) at which you are presently enrolled. **You must attach official transcripts for undergraduate study and official results of the general secondary school leaving exam.**

Institution Name (No abbreviations)	Institution Location (City, Country)	Dates Attended MM/YY – MM/YY		Major Field of Study	Degree Received and Date Received*	Grade Point Average**
Primary School:		From:	To:			
Secondary School:		From:	To:			
Post-Secondary Education: (University)		From:	To:			

* Please identify the name of your degree by the word used at the institution that awarded you the degree. Do **not** provide the name of the U.S. educational system's equivalent. If you have not yet received the degree, please indicate the date (month and year) you expect to receive it.

** Please indicate your Grade Point Average (GPA) (**Indice académico acumulativo**) according to the system used at the institution at which you studied. Do **not** convert your GPA to the U.S. educational system's equivalent.

Please explain any gaps in your education: _____

Have you ever been dismissed from a school or university? ☐ No ☐ Yes If yes, please explain why?:



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NAME (Please print your name here): _____

LANGUAGE PROFICIENCY

Native language(s): _____

Number of years of English study: _____ Where studied: _____

Knowledge of foreign languages, including English (Rate your abilities as Excellent, Good, or Fair):

Language Name	Reading Ability	Writing Ability	Speaking Ability
ENGLISH			

STANDARDIZED ENGLISH TEST SCORES

If you have a TOEFL®, ITP, or other standardized English test score, please report it below. Also please include a copy of the official score report or other documentation authenticating the score.

Test Name	Date taken or to be taken	Score
TOEFL®		
ITP		
OTHER		

NON-ACADEMIC ACTIVITIES

Please list other community service, internships/jobs, sports or cultural activities in which you have participated regularly in the **past two years**. If you were a team leader, council member or other officer in any institution or activity, please note that as well. **(Indique toda actividad extracurricular tales como: ayuda en la Iglesia, proyectos de la universidad, en la comunidad, deportes, voluntariado, música (toca algún instrumento musical, participa en coro), ayuda a los pobres).**

Location/Institution and Contact	Type of Activity	Dates of Participation MM/YY – MM/YY	
		From:	To:
		From:	To:
		From:	To:
		From:	To:



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NAME (Please print your name here): _____

PHYSICAL CHALLENGES/DISABILITIES

Please describe any physical disabilities you might have. If you require any special equipment or medical treatment as a result of the physical disabilities, please describe it. This information is gathered for statistical purposes and to ensure appropriate placement. The Global UGRAD Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical disabilities.

(Indique dieta especial, alergias, si toma algún medicamento, el nombre en Inglés)

FAMILY BACKGROUND

Please complete the following regarding your family:

Father's Name: _____

Occupation: _____ **(Incluya el lugar de empleo, si aplica)**

Highest level of education attained:

☐ None ☐ Number of primary school years _____ ☐ Number of secondary school years _____

☐ Secondary Diploma ☐ Bachelor Degree ☐ Master Degree ☐ Ph.D.

Father's Employment: ☐ Employed ☐ Retired _____ Year ☐ Deceased _____ Year

Mother's Name: _____

Occupation: _____ **(Incluya el lugar de empleo, si aplica)**

Highest level of education attained:

☐ None ☐ Number of primary school years _____ ☐ Number of secondary school years _____

☐ Secondary Diploma ☐ Bachelor Degree ☐ Master Degree ☐ Ph.D.

Mother's Employment: ☐ Employed ☐ Retired _____ Year ☐ Deceased _____ Year

Number of siblings in your immediate family: Number of Brothers: _____ Number of Sisters: _____

HOW did you find out about the Global UGRAD Program? Please check all that apply.

☐ The American Embassy Advising Office or other Embassy contact ☐ The Fulbright Commission

☐ From a friend ☐ From a relative ☐ From a teacher or professor

☐ From an advertisement or notice (*Please specify the location*): _____



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☐ Other (Please specify how): _____



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NAME (Please print your name here): _____

ESSAY: Personal Statement—350 – 500 words, typed.

If you are completing a computer application, please insert your essay responses below the appropriate essay question. If you are completing a paper application, please type your essay responses on separate sheets of paper and attach them to your completed application. Please describe yourself and write a clear and detailed description of your academic objectives and the reasons why you wish to pursue them in the USA. Discuss your goals both in terms of your field of study and your own personal development. Describe the type of program you wish to pursue in the USA and how it relates to your academic background and interests and your objectives for the future. The essay is an essential part of the selection process and of your application for placement into an appropriate program. Be sure to include any details that highlight your personality and individuality. **Escriba una descripción clara de sus objetivos académicos y las razones del por qué desea esta beca. Hable sobre usted mismo, describase e incluya detalles que realcen su personalidad, individualidad, liderazgo y planes futuros.**

GRANT SUSPENSION/TERMINATION/REVOCATION

A grant may be revoked, terminated, or suspended.

Grounds for revocation or termination include, but are not limited to: (1) violation of any law of the United States or the host country; (2) any act likely to give offense to the host country; (3) failure to observe satisfactory academic or professional standards; (4) physical or mental incapacitation; (5) engaging in any unauthorized income-producing activity; (6) failure to comply with the grant's terms and conditions; (7) material misrepresentation made by any grantee in the application form or grant document.

A grant may be suspended if: (1) the grantee ceases to carry out the project or academic program during the grant period; (2) the grantee leaves the host country without authorization of the Commission/post or supervising agency; (3) conditions in the host country require the departure of the grantee for reasons of personal safety or security.

SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete, and that I intend to return to my home country upon completion of my studies in the United States. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to the designated placement agency.

Signature: _____ Date: _____

PLEASE INDICATE IF YOU HAVE APPLIED FOR A U.S. VISA:

	YES	NO	DATE(S) GRANTED	DATE(S) REJECTED
NON-IMMIGRANT VISA (VISA DE TURISMO)				
IMMIGRANT VISA (VISA DE RESIDENCIA)				

CHECKLIST FOR COMPLETE APPLICATION DOSSIER:

Before submitting your application to the address on the front page, please be sure you have included all of the following REQUIRED components:

- ___ Completed, signed Global Undergraduate Exchange Program application form.
- ___ Personal statement in English, 350-500 words, typed.*
- ___ If you have a passport, please submit a copy of the data/photo page. **If not, submit copy of your CEDULA.**
- ___ Photocopy of official transcripts for years of university study.
- ___ Three letters of recommendation from teachers/professors, including one from the candidate's secondary level institution **(letters can be written in Spanish).***
- ___ Two photocopies of passport-size photo.

***All documents should be submitted in plain, letter-sized (8 ½ x 11 inch) paper.**